

**CITY OF GLENPOOL
APPLICATION FOR EMPLOYMENT**

Positions(s) Applied For:	Date of Application:
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How Did you Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative:	<input type="checkbox"/> Other:

Last Name:	First Name:	Middle Name:
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Street Address	City	State	Zip
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Home Phone:	Social Security Number:
Cell Phone:	
Email Address:	

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever filled out an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date:		

Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date:		

Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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On what date would you be available to work?
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Are you available to work:
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary

Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you been convicted of a felony within the last 7 years? <i>Conviction will not necessarily disqualify an applicant from employment.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, please explain:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:			
Phone Number(s)	Hourly Rate/Salary		
	Starting:	Final:	
Job Title	Supervisor		

Reason for leaving:

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:			
Phone Number(s)	Hourly Rate/Salary		
	Starting:	Final:	
Job Title	Supervisor		

Reason for leaving:

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:			
Phone Number(s)	Hourly Rate/Salary		
	Starting:	Final:	
Job Title	Supervisor		

Reason for leaving:

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:			
Phone Number(s)	Hourly Rate/Salary		
	Starting:	Final:	
Job Title	Supervisor		

Reason for leaving:

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this, "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange for Interview		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Interview:	Time of Interview:	Interviewer:	
Remarks:			
Employed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Hire Date:
Job Title:	Hourly Rate/Salary:	Department:	

Notes:

Additional Information

Other Qualifications – Summarize special job-related skills and qualifications acquired from employment or other experience:

Specialized Skills: Check skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3		
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect		
<input type="checkbox"/> Windows	<input type="checkbox"/> Microsoft Office		

State any additional information you feel may be helpful to us in considering your application.

Business References:

1	Name:			
Street Address		City	State	Zip
Home Phone:		Cell Phone:		
2	Name:			
Street Address		City	State	Zip
Home Phone:		Cell Phone:		
3	Name:			
Street Address		City	State	Zip
Home Phone:		Cell Phone:		

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open: Yes No

Position(s) Considered For:

Date:

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.